

PROVISIONAL LICENSURE/SUPERVISOR AFFIDAVIT

I am applying for a **provisional license** to practice as an athletic trainer while actively engaged in preparing to meet the qualifications for permanent licensure as an athletic trainer and under the supervision of a licensed athletic trainer. Please complete and return this form directly to the Idaho State Board of Medicine, PO Box 83720, Boise, ID 83720-0058.

Applicant's Name: _____

Address: _____

SUPERVISOR

Must be a licensed athletic trainer and must complete the supervisor affidavit.

Name _____
(Last) (First) (Initial)

Address _____
(Street) (Telephone)

_____ (City) (State) (Zip) (Idaho License #)

AFFIDAVIT OF SUPERVISOR

Applicant will practice under my personal supervision and I assume responsibility for the applicant's practice.

(SEAL)

Program or Practice Location

Signature of Supervisor

Subscribed and sworn to before me this ____ day of _____, 20 ____.

_____ Notary Public in and for the State of _____

residing at _____.

My commission expires: _____.